

FAYETTE COUNTY SHERIFF'S DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, concerning myself, to any duly authorized agent of the **Fayette County Sheriff's Department**, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial/credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings, complaints, or grievances filed by or against me; and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person or body in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the **Fayette County Sheriff's Department**. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: _____ DATE: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

This affidavit sworn to and subscribed before me this _____ day of _____, 200 _____

Signature of Notary Public

Date